



PHARMACEUTICAL WASTE

Quarterly Inspection Form

This inspection form is completed quarterly of facility pharmaceutical waste processes and procedures. The completed form is kept on file by the Safety Officer.

Division:	Facility:
Inspected by:	Date:

INSPECTION QUESTIONS	YES	NO	N/A
Are pharmaceutical hazardous waste containers close to the point of generation?			
Are pharmaceutical hazardous waste containers black in color?			
Are pharmaceutical hazardous waste containers labeled according to policy and according to 40 CFR 262.31/32?			
Is the acute P-listed hazardous waste separated from the other hazardous waste that is generated?			
Is the person completing weekly inspections trained according to the hazardous waste requirements being inspected?			
Are hazardous and acute hazardous waste containers closed when not in use?			
Is the accumulation and storage area for hazardous and acute hazardous waste clear of spills?			
Are black waste containers in good condition, not leaking or bulging?			
Has the person signing the hazardous waste manifests for the Generator received documented training of DOT requirements for shipping hazardous waste?			
Are containers in the central accumulation hazardous materials storage area marked with an accumulation start date on the label?			
Are the most recent hazardous waste shipping manifests available for review?			
Is there a receipt of hazardous material signature for each manifest?			
Are hazardous waste shipping manifests completed correctly, including the following:			
Generator signature?			
Land disposal restriction form?			
Driver signature?			
Receipt of hazardous materials signature?			
EPA ID number for the transporter?			
Manifest tracing number?			

Explain any "no" answers and corrective actions below: